| <b>Program Rules</b>                      | Maternal<br>Health | Child<br>Health | Family<br>Planning | Immun. | Comm.<br>Disease | Dental<br>Health | Adult<br>Health |
|---|--------------------|-----------------|--------------------|--------|------------------|------------------|-----------------|
| D 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1   |                    |                 |                    |        |                  |                  |                 |
| Required to serve clients at              | MEG                | MEG             | MEG                | MEG    | MEG              | MEG              | MEG             |
| or below 100% or poverty                  | YES                | YES             | YES                | YES    | YES              | YES              | YES             |
| Charges must be applied                   | VEC                | VEC             | VEC                | NT/A   | NT/A             | MEC              | NO              |
| to sliding fee scale 101-250% Sliding Fee | YES                | YES             | YES                | N/A    | N/A              | YES              | NO              |
| Scale Required                            | NO                 | NO              | YES                | N/A    | N/A              | NO               | NO              |
| Scale Required                            | NO                 | NO              | 163                | N/A    | IN/A             | YES              | YES             |
| Allowable to set sliding                  |                    |                 | NO                 |        |                  | Fees not         | Fees not        |
| fee scale but must slide to               |                    |                 | 101-250%           |        |                  | required         | required        |
| -0- Cannot be more                        |                    |                 | scale              |        |                  | to slide         | to slide        |
| restrictive than state scale              | YES                | YES             | required           | N/A    | N/A              | to shuc          | to shae         |
| Allowable to deny                         | TES                | TES             | required           | 14/11  | 14/21            | 10 0             | 10 0            |
| services to clients below                 |                    |                 |                    |        |                  |                  |                 |
| 100% of poverty                           | NO                 | NO              | NO                 | NO     | NO               | NO               | NO              |
| 100% of poverty                           | 110                | 110             | 110                | 110    | 110              | 110              | Must be         |
| Service                                   |                    |                 |                    |        |                  | Must be          | defined         |
| restrictions/denials                      |                    |                 |                    |        |                  | defined          | in              |
| allowed                                   | NO                 | NO              | NO                 | NO     | NO               | in policy        | policy          |
| Allowable to deny                         |                    | - 10            |                    |        |                  | Foreign          | F               |
| services to Medicaid                      |                    |                 |                    |        |                  |                  |                 |
| clients                                   | NO                 | NO              | NO                 | NO     | NO               | NO               | NO              |
| Allowable to deny                         | 110                | 110             | 110                | 110    | 110              | 110              | 110             |
| services due to inability to              |                    |                 |                    |        |                  |                  |                 |
| pay                                       | NO                 | NO              | NO                 | NO     | NO               | NO               | NO              |
| Bad debt write off policy                 | 1,0                | 110             | 1,0                | 1,0    | 1,0              | 1,0              | 110             |
| required                                  | YES                | YES             | YES                | N/A    | N/A              | YES              | YES             |
| Local fees & policies                     | 125                | 125             | 120                | 1,711  | 1,711            | 125              | 125             |
| must be approved by                       |                    |                 |                    |        |                  |                  |                 |
| BOH & County                              |                    |                 |                    |        |                  |                  |                 |
| Commissioners                             | YES                | YES             | YES                | YES    | YES              | YES              | YES             |
| Required to charge fees                   |                    |                 |                    |        |                  |                  |                 |
| for services*                             | YES                | YES             | YES                | YES    | YES              | YES              | YES             |
| Must serve clients                        |                    |                 |                    |        |                  |                  |                 |
| regardless of county of                   |                    |                 |                    |        |                  |                  |                 |
| residence                                 | NO                 | NO              | YES                | YES    | YES              | NO               | NO              |
| Can require proof of                      |                    |                 |                    |        |                  |                  |                 |
| income for financial                      |                    |                 |                    |        |                  |                  |                 |
| eligibility screening                     | YES                | YES             | YES                | N/A    | N/A              | YES              | YES             |
| Must accept declaration                   |                    |                 |                    |        |                  |                  |                 |
| of income for financial                   |                    |                 |                    |        |                  |                  |                 |
| eligibility screening                     |                    |                 |                    |        |                  |                  |                 |
| Cannot require proof of                   |                    |                 |                    |        |                  |                  |                 |
| income                                    | NO                 | NO              | NO                 | N/A    | N/A              | NO               | NO              |
| Economic Unit must be                     |                    |                 |                    |        |                  |                  |                 |
| used as method of income                  |                    |                 |                    |        |                  |                  |                 |
| collection required                       |                    |                 |                    |        |                  |                  |                 |
| method of income                          |                    |                 |                    |        |                  |                  |                 |
| collection                                | YES                | YES             | YES                | N/A    | N/A              | NO               | NO              |

<sup>\*</sup> If fees are not charged for program services, Medicaid and other third party sources cannot be billed. Exception: Communicable Disease services can be billed to Medicaid.